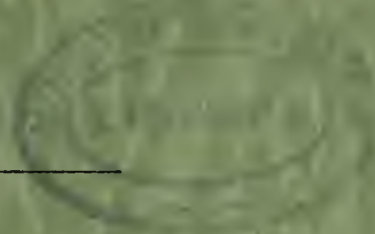

THORNE RURAL DISTRICT COUNCIL



ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for

1949

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ANNUAL REPORT

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MEDICAL OFFICER OF HEALTH

for

1949

By

G. HIGGINS, B.Sc., M.B., Ch.B., D.P.H.

THORNE RURAL DISTRICT COUNCIL

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G. W. KENNY, Esq., J.P.

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Mrs. M. LLOYD

PUBLIC HEALTH OFFICERS

Medical Officer of Health :

B. SCHROEDER, M.B., CH.B., D.P.H.
until June, 1949

G. HIGGINS, B.SC., M.B., CH.B., D.P.H.
appointed 13th February, 1950

Chief Sanitary Inspector :

W. BELL, M.S.I.A.

Additional Sanitary Inspector :

H. MORDUE, M.R., SAN.I., M.S.I.A.

Chief Clerk :

(Divisional Health Office)

J. T. HOWITT

OFFICES OF THE THORNE RURAL DISTRICT COUNCIL

PUBLIC HEALTH DEPARTMENT,
Council Offices,
Thorne

Telephone : Thorne 2147

DIVISIONAL HEALTH OFFICE No. 29,
Council Offices,
Thorne

Telephone : Thorne 3130

May, 1950

TO THE CHAIRMAN AND MEMBERS OF
THE THORNE RURAL DISTRICT COUNCIL

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit for your consideration the Annual Report on the health conditions of the District for the year ending 31st December, 1949.

It is pointed out that I only commenced duty on the 13th February, 1950, and so the statistics are those collected by your previous Medical Officer.

The Divisional Scheme for the administration of the Health Services under the West Riding County Council to carry out the duties imposed under the National Health Service Act, 1946 is now fully established.

The Thorne Rural District comprises Division No. 29 of the above Scheme. The position of Divisional Medical Officer of Health is a dual appointment ; he is responsible for the organization and administration of all the County Health Services of the Division and also acts as Medical Officer of Health to the Rural District Council.

The last two years have seen great changes in the duties of the Medical Officer of Health and also in the interpretation of what exactly is meant by " Public Health."

Previously, the Public Health Department was concerned with ensuring the minimum conditions necessary to ward off disease. Recently, more emphasis has been placed on a more positive concept of Public Health, namely, that of ensuring conditions whereby body, mind and personality are all working in harmony and with maximum efficiency.

The time is now ripe for preventive medicine to play its part in increasing man's well-being using the above concept of " Positive Health " as its aim.

A heavier attack should now be made on the causes of morbidity as distinct from mortality.

The first step should be an assessment of morbidity and here it is pertinent to ask whether it is not time to welcome the General Practitioners into the preventive scheme.

A weekly or monthly Return to the Medical Officer of Health by the General Practitioners could render available a mine of valuable material for research purposes for the ultimate benefit of all concerned.

For years Medical Officers of Health have been pointing out the dangers of the gross pollution of our atmosphere by smoke and fumes. Is it not time that a Statutory duty was placed on all Local Authorities to provide accurate figures regarding the atmospheric pollution of their area, prior to the passing of suitable legislation for its abatement ?

During 1949 the health of the community appeared to be satisfactory, with two notable exceptions—the high infant mortality rate and the large number of notifications of Tuberculosis.

With regard to the infant mortality rate : this would be lowered appreciably if the number of deaths attributed to Pneumonia, Bronchitis and Infantile Diarrhoea could be decreased.

The infant mortality rate is usually taken as giving an indication of the social conditions prevailing. Would it not be better to state that it is a measure by which the standard of child care in the area can be gauged ?

With the present high wages there is little excuse for any child not to be clean, well fed and well clothed, but far too often one sees homes where the standard of child care is much too low in spite of good economic conditions—children ill-clad and under-nourished ; the whole home dirty and the children neglected while the parents gamble and drink.

There are some families where more attention is paid to domestic pets than to children, and until parents realise their personal responsibilities much of our work will be in vain. Family Allowances, Clinics, Welfare Foods and free medical attention etc., will be of little avail in the absence of the personal responsibility in those whom the services are intended to benefit.

From this Report, it will be seen that the proportion of infant deaths is highest in Stainforth and Hatfield, and investigation shows that the vast majority of such cases fall into the 30 per cent of families who fail to attend regularly the Child Welfare Clinics. The moral is obvious !

Now that the school-leaving age has been raised, is it not time that adequate training was given in the last year of school to all girls and youths to prepare them for future parenthood ?

It is considered that the present acute housing shortage has much to answer for regarding many of the above conditions. How can one expect children to grow into house-proud and children-proud parents when there are so many brought up in lodgings or huts with poor facilities and a complete lack of privacy necessitating them spending all their spare time in various ways outside the so-called " home."

How can one expect parents to be stable individuals when they have to spend the first few years of their married life living in rooms, frustrated at every turn and dreading the day when children will add further to their many difficulties ?

The very high incidence of Tuberculosis in this area is also a matter for grave concern. Its importance can be gauged from the fact that there were 48 new notifications during the year (and this level has continued for some time). If we associate this figure with the number of births (706) then other things being equal it means that if the above rate continues, one out of every fourteen children will become a notified case of this disease. When one considers also that Tuberculosis is the main single cause of death in young adults between 15 and 30 years of age, i.e. at the height of their physical and mental powers, this is surely enough to indicate the gravity of the present position.

An attack on the above problems should be possible by way of the Infant Welfare Centres and the Health Visitors.

At these Clinics, mothers should be taught how to feed and clothe their infant, how to develop healthy habits and how to avoid infections.

The above ideal is rather out of the question at the moment due to lack of suitable accommodation in this area. The use of premises unadapted for the purpose as is the present custom is a great handicap as the use of such accommodation usually means that the Clinics develop into little more than weighing sessions and food shops, and their continued use leads to the frustration of the professional staff engaged. That the Medical Officers and Health Visitors have managed to retain their interest in preventive medicine in spite of the above short-comings is a great tribute to the quality of the personnel taking up this work.

There is the greatest need for a Multiple Clinic to be established in some central position in this area at the earliest opportunity.

The body of this Report contains an account of the work carried out by the Public Health Department. It is the result of the enthusiasm of a willing and keen staff to whom my thanks are given.

To the Chairman and Members of the Committee, I wish to tender my thanks for their consideration and encouragement.

I am,

Your obedient servant,

G. HIGGINS,

Medical Officer of Health

CO-OPERATION WITH GENERAL PRACTITIONERS

It is often difficult for the private practitioner, who is concerned almost entirely with curative medicine, to appreciate the point of view of the Medical Officer of Health, who is largely a specialist in preventive medicine, and similarly the Medical Officer of Health in turn is liable to misunderstand the view of the private practitioner.

These differences probably arise from the fundamental difference between the two aspects, since the Medical Officer of Health is endeavouring to do all he can to abolish sickness which was formerly the sole source of livelihood of his associates in practice.

The conflict expressed itself in the assertion that the Public Health Services were robbing the practitioner of his livelihood. Now that the National Health Service Act has made available the benefits of the scheme to all, the practitioner being paid on a capitation basis, the above assertions can now no longer hold water.

The time is, therefore, opportune for, if not amalgamation, at any rate an association on a mutual help basis for the benefit of all concerned. The Public Health Department has no desire to steal patients ; it measures its success by the quality and not the quantity of the work it does.

The important thing is that every Public Health Department has in its Medical Officers one or more Doctors who have had a very wide experience of children's diseases, Child Psychology, Obstetrics and the like, and this experience is at the disposal of any private Doctor who desires it.

Most general practitioners now use the services of the Home Nurse provided by the Public Health Department. They would be the first to admit the importance of the help which these nurses are able to render.

It is brought to the notice of the practitioners that there is an equally important nursing service which could render great help to their, at present, overcrowded surgeries and large visiting lists—the Health Visitor.

When one considers that these women are State Registered Nurses, State Certified Midwives and have received a year's further training in preventive medicine, one can begin to realise the help they can render.

In the past, the duties of the Health Visitor were limited to the welfare of mothers and their children up to 5 years of age. Under the 1946 Act, Health-Visiting became a Statutory Duty and Section 24 states that they must be provided by the Local Authority for the visiting of persons in their homes, to give advice on the care of children, persons suffering from illness, expectant and nursing mothers and to prevent the spread of infection.

The services of these nurses within the above framework is freely available also to the private practitioners on application.

On the other hand there has been , in many Public Health Departments, considerable laxity on keeping the general practitioners fully informed about their patients from the various sections of the Health Department.

It is hoped, in future, to keep them informed as far as possible in the hope that they will become lively co-operators in the preventative services.

The Consultants of the Regional Hospital Boards are becoming increasingly aware of the valuable services available, and co-operation with them (via the Almoner) and the Health Visitors (via the Public Health Department) is coming more and more into prominence and will, no doubt, considerably increase in the future.

THE CO-OPERATION OF THE PUBLIC

There is a tendency among a large section of the public to ignore health matters and assume that the Public Health Department will do all that is necessary without their bearing any responsibility. This attitude is the cause of many failures.

The parent who opposes his child's immunization and the person who goes to work with an attack of Influenza or a severe cold causes more concern to the Medical Officer of Health than most of the evils with which he deals in his daily work.

The public could also help in many other ways, especially in the way food is handled. There are numerous shops where food of various kinds is displayed on open counters. This food is subject to gross contamination by being breathed over by persons with colds and other infective conditions, and is handled by the public whose fingers have been grasping much-fingered door knobs, or 'bus hand-rails.

Although there is no law against this, many shopkeepers would willingly keep the produce under cover for the sake of public health—but on doing so sales decline.

The public is so careless of its health that it prefers exposed food and until the public becomes aware of the dangers involved, it will continue to suffer from the ill-effects of its carelessness.

It is not too much to say that in almost all cases of disease carelessness has played some part in its development.

The need for active co-operation by the public in regard to lowering the high Infant Mortality and Tuberculosis rates has been mentioned in the opening letter of this Report.

When one sees persons who constantly break the elementary rules of hygiene and fail to take advantage of the available services in spite of repeated attempts at health education, one almost despairs of even succeeding in preventing disease.

INDEX

SECTION I	..	..	Vital Statistics
SECTION II	..	..	Infectious Diseases
SECTION III	..	..	West Riding County Council Services

SECTION I.

VITAL STATISTICS

NATURAL AND SOCIAL CONDITIONS OF THE AREA

Area (in acres)	38419
Population (Registrar's mid-year estimate)	31910
Number of inhabited houses	7646
Rateable Value	£120250
Sum represented by penny rate	£453

VITAL STATISTICS

LIVE BIRTHS :

	TOTAL	MALE	FEMALE
Legitimate	673	356	317
Illegitimate	33	19	14
Total	706	375	331

Birth Rate per 1,000 of the estimated resident population, 22·8.

Birth Rate of England and Wales per 1,000 population, 16·7.

STILL BIRTHS :

	TOTAL	MALE	FEMALE
Legitimate	20	7	13
Illegitimate	2	1	1
Total	22	8	14

Still-birth Rate per 1,000 Live and Still Births, 30·2.

Still-birth Rate for England and Wales not available.

DEATHS OF INFANTS UNDER ONE YEAR OF AGE

	TOTAL	MALE	FEMALE
Legitimate	43	28	15
Illegitimate	—	—	—
Total	43	28	15

INFANT MORTALITY RATE :

- (a) All infants per 1,000 live births 60·9.
- (b) Legitimate infants per 1,000 legitimate live births 63·8.
- (c) Illegitimate infants per 1,000 illegitimate live births NIL.

DEATHS

	TOTAL	MALE	FEMALE
All causes including infants under one year	296	163	133
Death Rate per 1,000 of the estimated resident population	9·5		
Death Rate per 1,000 estimated population of England and Wales	11·7		

MATERNAL DEATHS :

There was one maternal death during 1949.

DEATHS FROM CANCER :

There were 54 deaths from Cancer.

**CAUSES OF DEATH IN THE THORNE RURAL DISTRICT AS SUPPLIED BY THE
REGISTRAR GENERAL FOR 1949**

CAUSE OF DEATH :

	TOTAL	MALE	FEMALE
Cerebrospinal Fever	2	1	1
Diphtheria	1	1	—
Tuberculosis of respiratory system	8	4	4
Other forms of Tuberculosis	4	2	2
Influenza	2	—	2
Measles	2	1	1
Cancer of the Buc cavity and Uterus	7	—	7
Cancer of the Buc cavity and Oesophagus	1	1	—
Cancer of Stomach and Duodenum	10	6	4
Cancer of Breast	3	—	3
Cancer of all other sites	33	19	14
Diabetes	4	2	2
Intracranial Vascular Lesions	29	19	10
Heart Diseases	69	40	29
Other Diseases of circulatory system	6	1	5
Bronchitis	17	8	9
Pneumonia	14	10	4
Other respiratory Diseases	1	—	1
Ulcer of Stomach and Duodenum	4	3	1
Diarrhoea under 2 years of age	2	2	—
Appendicitis	1	1	—
Other digestive Diseases	6	3	3
Nephritis	5	—	5
Maternal deaths	1	—	1
Premature birth	10	7	3
Congenital malformations, birth injuries	14	9	5
Suicide	1	1	—
Road Traffic accidents	4	3	1
Other violent causes	7	5	2
All other causes	28	14	14
	<hr/> 296 <hr/>	<hr/> 163 <hr/>	<hr/> 133 <hr/>

**TABLE OF BIRTHS, DEATHS, NATURAL INCREASE, INFANT DEATHS
AND INFANT MORTALITY SINCE 1937**

Year	Births	Deaths	Natural Increase	Infant Deaths	Infant Mortality	
					Thorne	England & Wales
1937	570	287	283	56	92	58
1938	598	251	347	37	62	53
1939	629	295	334	49	77	50
1940	624	314	310	47	75	55
1941	653	325	328	55	80	59
1942	644	285	359	44	69	49
1943	647	305	342	40	62	49
1944	738	250	488	39	53	46
1945	674	234	440	38	56	46
1946	737	268	469	31	47	43
1947	795	321	474	53	67	41
1948	748	288	460	48	64	34
1949	706	296	410	43	60	32

TABLE OF DEATH RATES PER 1,000 POPULATION SINCE 1942

				Live Birth Rate	Crude Death Rate	Tuberculosis Death Rate
Mean 1942-7..	..	..	..	24.3	9.4	0.60
1948 ..	..	..	..	24.4	9.4	0.56
1949 ..	..	..	..	22.8	9.5	0.38

ANALYSIS OF INFANT DEATHS FOR 1949

DEATHS 0-1 MONTH :

Prematurity ..	..	..	..	..	..	..	..	..	10
Pneumonia and Broncho-Pneumonia	..	..	..	..	..	..	..	..	3
Congenital Defects ..	..	..	..	..	..	..	..	..	4
Accidents of Labour	..	..	..	..	..	..	..	..	3
Total ..	..	..	..	..	..	..	..	..	20

DEATHS 1-12 MONTHS :

Pneumonia and Broncho-Pneumonia	..	..	..	..	..	..	..	..	12
Gastro-Enteritis ..	..	..	..	..	..	..	..	..	2
Meningitis ..	..	..	..	..	..	..	..	..	2
Convulsions ..	..	..	..	..	..	..	..	..	2
Congenital Defect ..	..	..	..	..	..	..	..	..	1
Reticulosis ..	..	..	..	..	..	..	..	..	1
Pinks Disease ..	..	..	..	..	..	..	..	..	1
Post-Operative ..	..	..	..	..	..	..	..	..	1
Cerebral Haemorrhage	..	..	..	..	..	..	..	..	1
Total ..	..	..	..	..	..	..	..	..	23

					Infant Deaths	0-1 Month	1-12 Months
Hatfield ..	..	..	..	..	14	5	9
Stainforth	..	..	..	..	12	5	7
Thorne ..	..	..	..	..	8	4	4
Moorends	..	..	..	..	7	4	3
Fishlake	..	..	..	..	1	1	-
Sykehouse	..	..	..	..	1	1	-

Regarding the deaths occurring between one month and one year of age (as these are the most preventable).

It will be noticed that most occur in the Hatfield and Stainforth areas and this tendency has been present for some considerable time.

Attention is drawn to the very high proportion of these (52 per cent) whose deaths were attributed to Pneumonia.

One child in every sixteen born alive in this area dies before reaching the age of 12 months, and of these Pneumonia carries off one-third.

In the introductory remarks it was stated that the proportion of Infant Deaths gives an indication of the standard of child care in an area ; further investigation confirms this.

Of the above cases occurring in Hatfield and Stainforth in only three cases did the mother and child regularly attend the Child Welfare Clinic, i.e. approx. 20 per cent. As the proportion of mothers who did attend the Clinic reached 70 per cent, it is obvious that neglect has occurred.

Putting these figures in a different light, of the two hundred odd mothers who attended the Clinic only three lost their babies, whereas in the hundred or so who failed to attend twelve lost their babies !

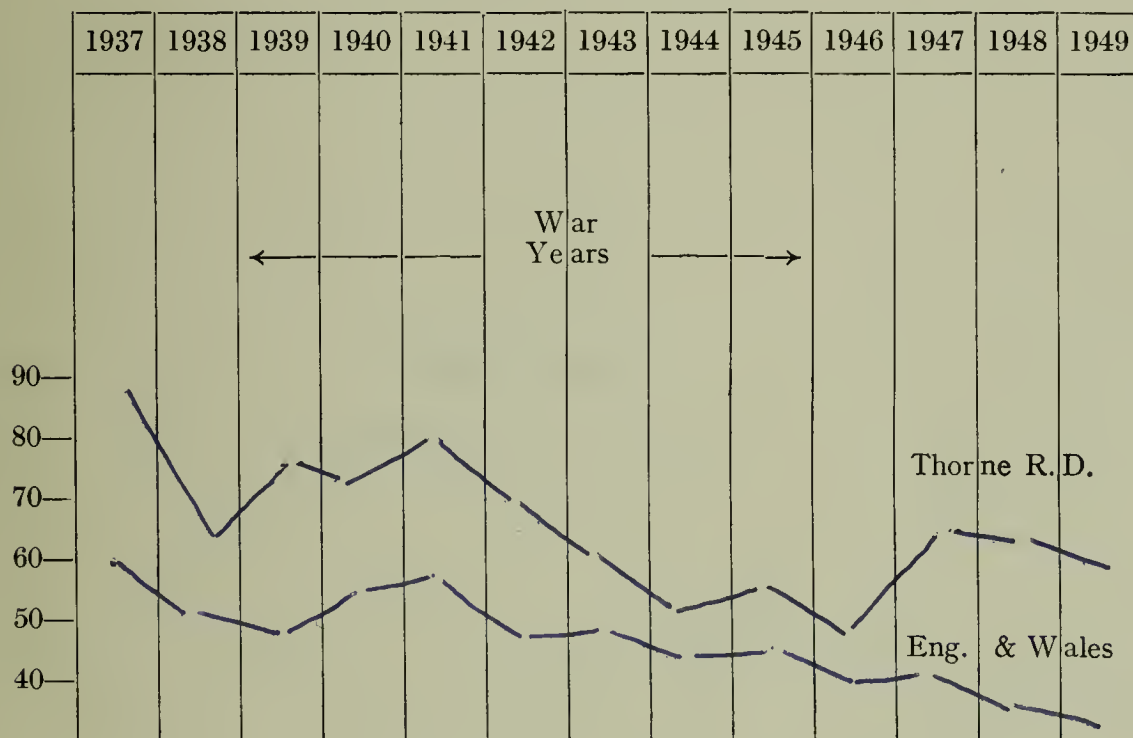
Amongst the " Squatters " living in the Hatfield area there were 4 Live Births, 1 Stillbirth and 3 Infant Deaths during the year !

Regarding the deaths occurring during the first month of life, 10 were certified as due to Prematurity. During the year there was a total of 34 Premature Births.

In an attempt to remedy matters, the West Riding County Council established a Premature Baby Outfit at the Ambulance Depot, Bentley, Near Doncaster, available at any time—day or night.

It is noted that it was only called upon once during the year to this area.

INFANTILE DEATH RATE





SECTION II.
INFECTIOUS DISEASES

**NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS)
DURING THE YEAR 1949**

	Total	0-1	1-5	5-10	10-20	20-Over
Measles	442	24	293	123	—	2
Whooping Cough	90	12	61	17	—	—
Scarlet Fever	20	—	6	10	2	2
Pneumonia	18	—	3	—	1	14
Erysipelas	7	—	—	—	—	7
Ophthalmia Neonatorum ..	5	5	—	—	—	—
Puerperal Pyrexia	1	—	—	—	1	—
Poliomyelitis	1	1	—	—	—	—
Food Poisoning	1	—	—	—	1	—

**THE NUMBER OF NOTIFICATIONS COMPARED WITH OTHER YEARS IS SHOWN IN THE
FOLLOWING TABLE :—**

	1940	1941	1942	1943	1944	1945	1946	1947	1948
Measles	283	98	441	133	157	404	147	216	289
Whooping Cough	9	164	21	9	54	26	67	41	76
Scarlet Fever	56	39	29	33	9	14	31	29	48
Pneumonia	37	18	13	22	11	7	9	12	6
Erysipelas	10	9	9	3	2	4	4	4	4
Ophthalmia Neonatorum ..	6	1	2	—	1	3	4	4	2
Puerperal Pyrexia	12	8	1	1	1	—	—	1	3
Poliomyelitis	—	—	1	—	—	—	—	3	—
Food Poisoning	—	—	—	—	—	—	—	—	3

MEASLES :

There was an epidemic of this disease during the year when 442 cases were notified as compared with 289 for the previous year. The epidemic was mainly in the Stainforth area where 282 cases were notified.

During the year 2 deaths were notified as due to Measles.

WHOOPING COUGH :

The number of notified cases was 90. This shows an increase of 14 over the previous year. There has been a tendency for notifications of this disease to increase over the past few years.

During the year no deaths were attributed to Whooping Cough.

DIPHTHERIA :

During the year 3 cases were notified but were later corrected to other diseases. This is a very gratifying result, and is directly due to the immunisation of children against this disease.

Every effort is made to ensure as high an immunisation rate as possible. Regular sessions have been held during the year to give immunisation.

One death was attributed to this disease, but this occurred in the County Borough of Doncaster and was not notified to this area.

FOOD POISONING :

There was one isolated case notified during the year. This occurred at the R.A.F. Station, Lindholme, the organism responsible being identified as that of *B. Typhimurium*.

TUBERCULOSIS :

The number of new cases notified during 1949 is as follows :—

Age Groups					Pulmonary		Non-Pulmonary	
					Male	Female	Male	Female
0-1	..	..	..	..	—	—	—	—
1-5	..	..	..	..	—	1	2	2
5-10	..	..	..	..	1	2	—	—
10-15	..	..	..	..	1	2	1	2
15-20	..	..	..	..	—	2	—	1
20-25	..	..	..	..	2	8	1	1
25-35	..	..	..	..	6	3	—	—
35-45	..	..	..	..	2	1	—	—
45-55	..	..	..	..	3	1	—	—
55 and over	..	..	..	..	3	—	—	—
					—	—	—	—
					18	20	4	6
					—	—	—	—

DEATHS FROM TUBERCULOSIS DURING 1949

Age Groups					Pulmonary		Non-Pulmonary	
					Male	Female	Male	Female
0-15	..	..	..	..	—	—	1	—
15-25	..	..	..	..	—	2	1	2
25-45	..	..	..	..	3	2	—	—
45 and over	..	..	..	..	1	—	—	—
					—	—	—	—
					4	4	2	2
					—	—	—	—

The figures of notifications are very high.

Amongst factors predisposing to Tuberculosis must be classed poverty, lack of adequate food, bad housing, overcrowding, dirt and alcoholism.

Dusty trades, especially those dealing with siliceous material, are accompanied by a high Pulmonary Tuberculosis Death Rate. Overcrowded areas nearly always show a high Death Rate from Pulmonary Tuberculosis.

It is hoped to arrange an investigation of this area by means of the Mass Radiography Unit with the co-operation of the Regional Hospital Board during the ensuing year.

SECTION III.

WEST RIDING COUNTY COUNCIL SERVICES

CLINICAL ARRANGEMENTS ANTE-NATAL AND POST-NATAL CLINICS

Thorne :	Temperance Institute, Thorne	2nd and 4th Fridays	10-0 a.m. to 4-0 p.m.
Moorends :	Wesleyan Chapel, Northgate, Moorends	Every Thursday	10-0 a.m. to 4-0 p.m.
Stainforth :	Wesleyan Sunday School, Church Road, Stainforth	1st and 3rd Fridays	10-0 a.m. to 4-0 p.m.
Dunscroft :	Church Hall, Station Road, Dunscroft	Every Wednesday	1-0 p.m. to 4-0 p.m.
Lindholme :	Child Welfare Centre, R.A.F. Station, Lindholme	Every Monday	10-0 a.m. to 12-0 noon

INFANT WELFARE CLINICS

Thorne :	Temperance Institute, Thorne	Every Wednesday	2-0 p.m. to 4-0 p.m.
Moorends :	Wesleyan Chapel, Northgate, Moorends	Every Tuesday	1-30 p.m. to 4-0 p.m.
Stainforth :	Wesleyan Sunday School, Church Road, Stainforth	Every Wednesday	1-30 p.m. to 4-0 p.m.
Dunscroft :	Church Hall, Station Road, Dunscroft	Every Tuesday	2-0 p.m. to 4-0 p.m.
Lindholme :	Child Welfare Centre, R.A.F. Station, Lindholme	Every Monday	2-0 p.m. to 4-0 p.m.

SCHOOL CLINICS

Dunscroft :	Church Hall, Station Road, Dunscroft	Every Tuesday and Thursday	9-30 a.m. to 12-0 noon.
	Hatfield Doncaster Road County Primary School	Every Thursday	2-0 p.m. to 4-0 p.m.
Stainforth :	Wesleyan Sunday School, Church Road, Stainforth	Every Monday and Wednesday	9-30 a.m. to 12-0 noon.
Thorne :	Temperance Institute, Thorne	Every Tuesday	9-30 a.m. to 12-0 noon.
	Southend Primary School	Every Monday	9-30 a.m. to 12-0 noon.
Moorends :	West Road County Primary Infants' School	Every Wednesday	9-30 a.m. to 12-0 noon.
	Moorends County Secondary Modern School (Girls)	Every Monday at Thursday at	9-30 a.m. and 2-0 p.m.
Hatfield :	Hatfield Secondary Modern School	Every Thursday	9-30 a.m. to 12-0 noon.
	Hatfield Woodhouse Junior Mixed School	Every Thursday	2-0 p.m. to 4-0 p.m.

SPECIALISTS' CLINICS

By appointment only with Divisional Health Office, Council Offices, Thorne

Paediatric Clinic :	Every 4th Monday	9-15 a.m.
Eye Clinic :	1st and 3rd Fridays	9-30 a.m. to 4-0 p.m.
Ear, Nose and Throat Clinic :	Every 2nd Wednesday	9-30 a.m.
Orthopaedic Clinic :	Every 2nd and 4th Thursday	2-0 p.m.
Ultra Violet Light Clinic :	Every Monday	2-0 p.m.
	Every Thursday	9-0 a.m.

LABORATORY SERVICES

These are provided at the Public Health Laboratory, Wakefield.

The examinations carried out at the laboratory include those for milk, water, and other biological tests in connection with the clinical services.

The Sheffield Regional Hospital Board arrange for the blood examinations for the Ante-Natal Clinics. Occasionally, use is made of the pregnancy diagnosis laboratory in Edinburgh.

AMBULANCE SERVICE

All cases requiring this Service, including infectious diseases, are now dealt with by the County Council Ambulance Depot, Bentley, Near Doncaster, telephone Number : Doncaster 49468.

VENEREAL DISEASE

There is no Centre for Venereal Disease in this area, the nearest Centre being at the Doncaster Royal Infirmary.

There is much to be said for the introduction of a system of notification and compulsory treatment. It is believed that the public as a whole would readily accept, in relation to these diseases, some of the control measures used for notifiable infectious diseases.

It is of interest that notification followed by some degree of compulsion in respect of treatment is the accepted policy of most other countries.

TUBERCULOSIS

Since 5th July, 1948 the treatment of all tuberculous cases has been the responsibility of the Regional Hospital Board.

Since the above date, the responsibility of the County Council lies in dealing with environmental conditions and with prevention and after-care.

The most important link in ensuring adequate liaison between the Tuberculosis Officer of the Regional Hospital Board and the Divisional Medical Officer is the Tuberculosis Health Visitor. She assists at the Clinic and undertakes the social work so essential in this disease.

Difficulty was experienced during the year in obtaining a Tuberculosis Health Visitor for this Division. To meet this, one of the Assistant Health Visitors was allocated to this work.

CHILD WELFARE SERVICE

Infant Welfare Clinics are held at various Centres throughout the Division, and are staffed by Health Visitors and Assistant County Medical Officers.

An additional Clinic at Lindholme was approved during the year, and arrangements for its opening early in 1950 were made.

Consideration has been given to the need for an additional Clinic to serve the Hatfield-Dunsville area. It is hoped to give further attention to this when the present shortage of professional staff is overcome.

The following figures give the attendances at the various Infant Welfare Clinics during the year :—

		Thorne	Moorends	Dunscroft	Stainforth
No. of Sessions		51	48	48	51
First Attendances :—					
Under 1 year of age ..		138	148	130	138
Over 1 year of age ..		61	68	7	36
Total Attendances :—					
Under 1 year of age ..		1684	1649	1287	1505
Over 1 year of age ..		407	249	390	477

The establishment of this Division is 7 full-time Health Visitors.

Due to the wide-spread shortage of Health Visitors this Division has been constantly under establishment.

As a temporary measure, School Nurses have been employed on a temporary basis to relieve the Health Visitors of school work and allow them to cover a wider area in regard to home visiting.

The supervision of this service is undertaken by the Divisional Medical Officer, with the help of the County Supervisor.

Under the National Health Service Act, 1946, the scope of the Health Visitor has been extended to cover the whole family with regard to prevention and care of any illness. Up to the passing of this Act, the Health Visitors were concerned only with children under 5 and their mothers.

This widening scope will, no doubt, add greatly to the interest and importance of the work of the Health Visitor and help to relieve in some degree the present over-worked general practitioners.

MATERNITY SERVICES

The following are the whole-time Midwives practising in the area :—

Name	Address	Telephone No.
Miss R. Autherson	17 Durham Avenue, Thorne	Thorne 3147
Miss E. Cliffe	5 Millcroft Crescent, Hatfield	Stainforth 241
Mrs. M. Davidson	106 Doncaster Road, Hatfield	Stainforth 247
Mrs. E. Gorst	1 Southfield Road, Thorne	Thorne 2130
Mrs. S. Kenyon	40 Princess Avenue, Stainforth	Stainforth 224
Mrs. G. M. Mooney	4 Mile End Avenue, Hatfield	Stainforth 317
Mrs. E. Smith	45 Wembley Road, Moorends	Thorne 3132
Mrs. V. L. C. Smith	" Relay House," King Edward Rd., Thorne	Thorne 3120
Mrs. M. Walker	38 South Road, Moorends	Thorne 3191
Mrs. J. E. C. Green, (Relief Midwife)	68 Doncaster Road, Hatfield	Stainforth 285

All the above are employed by the West Riding County Council. The following figures give an indication of the amount of work done during 1949 :—

Number of Home confinements	.. .. .	474
Number of occasions Medical Aid was summoned	.. .. .	216

Supervision of the Midwives is carried out by the West Riding County Council Supervisor of Midwives, who maintains a close liaison with the Divisional Medical Officer.

The Ante-Natal Services are carried out at various Clinics throughout the Division.

As far as can be ascertained, 90 per cent of mothers whose births are attributed to this area attended the Ante-Natal Clinics run by the County Council.

All the Midwives are trained in the use of Gas and Air Analgesia, but these facilities were only asked for in 89 cases.

One Whole-time Relief Midwife has been trained in the use of the Premature Baby Outfit which is maintained at the Ambulance Depot, Bentley, and is available on call to the Midwives at any time.

During 1949 the Outfit was only used on one occasion. It is considered that the distance of the Ambulance Depot from many parts of the Division is the main reason for the small use made of this provision.

Consultant advice is arranged at the Wood Street Clinic, Doncaster, where necessary.

It is considered that there is need for the services of a weekly Consultant Obstetrical Clinic either at some central position in the area or a monthly session at each District Clinic.

This would mean that the Consultant Services would be much easier to arrange and would be used on many more occasions than happens at present.

It is intended, for the future, to try to arrange for the Ante-Natal Clinics to be held weekly instead of fortnightly. This would ensure a more complete supervision during pregnancy and be a more efficient arrangement.

HOME NURSING SERVICE

Since the 5th July, 1948, this service has been provided by the County Council under the National Health Service Act, 1946.

The establishment of this Division is 4 whole-time Nurses, as follows :—

Name	Address	Telephone No.
Mrs. J. Cawthrow	6 Market Place, Thorne	Thorne 3221
Miss I. Mason	32 Oak Road, Thorne	Awaiting installation
Mrs. P. Moulds	61 Oldfield Crescent, Stainforth	Stainforth 370
Miss A. K. Schuller	49 High Street, Hatfield	Stainforth 375

During 1949 the Home Nurses made 10,093 attendances including 430 night visits, the number of individual cases dealt with being 402.

The Home Nurses work in close co-operation with the general medical practitioners, whose instructions they follow.

The service is administered through the Divisional Health Office.

The standard of nursing care is maintained by the supervision of the County Home Nursing Supervisors, who periodically visit the area.

Three of the Home Nurses have motor-cars ; the fourth is awaiting delivery which, it is hoped, will be in the near future.

HOME HELPS

This service has progressed during the year, in which 44 cases were dealt with.

The present allowance to this Division is 6 whole-time Home Helps or its equivalent (i.e. 264 hours per week).

The service is not free, as some of the expense is recoverable on a scale according to family income.

Application is made via the Divisional Office, and the work is supervised by the Nursing Staff.

There is no doubt that this service fills a social need and it is considered that the scheme will considerably advance in the future.

At present, the service is restricted to certain groups of circumstances under the control of the Divisional Medical Officer.

VACCINATION AND IMMUNISATION

Immunisation against Diphtheria and vaccination against Smallpox is offered free to all children. It may be provided by the patient's own practitioner or by the Medical Officer of the local Health Authority.

Forms of consent are distributed by the Health Visitors and School Nurses.

VACCINATION :

The number of vaccinations performed during the year was 186.

As the number of births during the year was 706 and if the above rate of vaccination continues only 26·3 per cent of the children are being protected from Smallpox.

IMMUNISATION :

Facilities are available to carry out this procedure at the Clinics. Special sessions are arranged when the number of children requires such a session, as usually occurs in schools.

The following Table shows the state of immunisation among children of school age and under, as far as can be ascertained from the records available :—

Age at 31/12/49	Under 1	1	2	3	4	5-9	10-14	Total under 15
Number Immunised	18	207	226	216	220	958	1315	3160

This shows that approximately 41·5 per cent of school children are immunised against this disease.

It is considered that this figure is low, as all the evidence shows that Diphtheria can occur unless at least 70 per cent of the population are protected.

Vigorous measures are being adopted to try to improve the present figures.

CONVALESCENT HOMES

The County Council provide convalescence for patients in need of such care.

Actual treatment must not be needed, and enquiries or applications (accompanied by a medical certificate) are made to the Divisional Health Office.

Increasing use is being made of this service, especially by the Almoners of the Regional Hospital Boards.

The Chief Sanitary Inspector's Report

WILLIAM BELL, M.S.I.A.
HARVEY MORDUE, M.R.S.I., M.S.I.A.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting this report on the work of the department during the year.

Housing :

1. *Inspection of Dwelling-houses during the year :*

1	(a)	Total number of dwelling-houses inspected for housing defects under Public Health and Housing Acts	564
	(b)	Number of inspections made for the purpose	1496
2	(a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	nil
	(b)	Number of inspections made for the purpose	nil
3		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation. Houses	23
4		Number of dwelling-houses exclusive of those referred to under the preceding sub-head found not to be in all respects reasonably fit for human habitation	541

2. *Remedy of defects during the Year without Service of formal Notices :*

	Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	424
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3. *Action under Statutory Powers during the Year :*

(a)—Proceedings under Section 9 and 10 of the Housing Act, 1936 :

1	Number of dwelling-houses in respect of which notices were served requiring repairs	5
2	Number of dwelling-houses which were rendered fit after service of formal notices :—	
	(a) By owners	5
	(b) By Local Authority in default of owners.	nil

(b)—Proceedings under Sections 93 and 94 of the Public Health Act, 1936 :

1	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	112
2	Number of dwelling-houses in which defects were remedied after service of formal notices :—	
	(a) By owners	76
	(b) By owners after Litigation under Section 94	36

(c)—Proceedings under Section 75 of the Public Health Act, 1936 :

1	Number of dwelling-houses in respect of which notice to supply a dustbin was served	107
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(d)—Proceedings under Sections 11 and 13 of the Housing Act, 1936 :

1	Number of dwelling-houses in respect of which Demolition Orders were made	nil
2	Number of dwelling-houses demolished in pursuance of Demolition Orders	nil

(e)—Proceedings under Section 12 of the Housing Act, 1936 :

1	Number of separate tenements or underground rooms in respect of which Closing Orders were made	.. .. .	nil
2	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	.. .. .	nil

4. *Housing Act, 1936—Part IV—Overcrowding :*

(a)—1	Number of dwellings overcrowded at the end of the year	.. ..	722
2	Number of families dwelling therein	.. ..	1894
3	Number of persons dwelling therein	.. ..	7540
(b)	Number of new cases of overcrowding reported during the year	..	212
(c)—1	Number of cases of overcrowding relieved during the year	.. ..	422
2	Number of persons concerned in such cases	.. ..	1679
(d)	Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	.. ..	nil

Number of New Houses erected during 1948 :

1	State Aided	.. ..	304
(a)	By the Local Authority	.. ..	304
(b)	By Private Enterprise	.. ..	nil
	Public Utility Societies, etc.		
2	Without State Aid	.. ..	6

Water Supply :

A piped water supply is provided by the Thorne and District Water Company and an estate of 207 houses in Hatfield is supplied from a private borehole, thus :—

Parish	Houses	Piped Supply	Standpipe	Wells
Thorne	3652	3341	174	137
Hatfield	2076	1825	33	218
Stainforth	1646	1581	5	60
Fishlake	154	—	—	154
Sykehouse	118	—	—	118
	<u>7646</u>	<u>6747</u>	<u>212</u>	<u>687</u>

A scheme for the provision of a supply in Fishlake is in progress, a bore has been sunk in Sykehouse and schemes for extensions in Hatfield, Stainforth and Thorne have been submitted to the Ministry of Health.

The following extensions have been completed during the year and the percentage of houses with a piped supply is 88·2.

Thorne :

King Edward Crescent, 3 inch main, 194 lineal years.

Winning Post Hotel to Moss Terrace, 6 inch and 4 inch main, 546 lineal yards.

Stainforth :

East and West Bank, 3 inch main, 534 lineal yards.

The results of sampling are as follows :—

Supply	Chemical Analyses		Bacteriological examinations	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Wells	4	2	7	23
Mains	3	—	4	—
Bore	2	—	2	—
Total	9	2	13	23

Chemical analyses proved satisfactory one of which is given below :—

MAIN SUPPLY—HATFIELD :

	Parts per 100,000					
Total solids	25
Chloride	2.0
Nitrite	nil
Nitrate	0.37
Free Ammonia002
Albuminoid ammonia002
Poisonous metals	nil
Total hardness	14.7
Permanent hardness	8.7
Temporary hardness	6.0
pH	8.0

This is a hard water of satisfactory organic quality.

Chemical analyses of the Sykehouse bore pumping test were :—

	Beginning (1) Finish (2) Parts per 100,000	
Total Solids	34	28
Chloride	1.5	1.8
Nitrite	nil	nil
Nitrate	nil	nil
Free Ammonia .. .. .	.02	.04
Albuminoid Ammonia .. .. .	.002	.002
Poisonous metals	nil	nil
Total hardness	13	24
Permanent hardness	nil	nil
Temporary hardness	13	24
pH	7.2	7.0

1. This water is of satisfactory organic quality.
2. This is a hard water of satisfactory organic quality.

Sewerage :

The approximate state of sewage disposal is shown thus :—

Parish	Houses	Main Drainage	Pail Closets	Privy Midden	Cesspool
Thorne ..	3652	3276	244	111	21
Hatfield ..	2076	1792	138	6	140
Stainforth ..	1646	1534	43	64	5
Fishlake ..	154	—	38	112	2
Sykehouse ..	118	—	16	100	2
	<u>7646</u>	<u>6602</u>	<u>479</u>	<u>393</u>	<u>172</u>

THORNE RURAL DISTRICT COUNCIL.

Public Health
Department.

Council Offices

Thorne, via Doncaster.

16th September, 1950.

Ref. HM/CC.

Dear Sir,

Annual Report 1949.

For your information the table at the top of page 31 should be preceded by -

Conversions.

The following conversions were made during the year.

Yours faithfully,
(Int)

Sanitary Inspector.

The Minister of Health,
Whitehall,
LONDON, W.1.

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	Parish	Pail	Privy Midden
Hatfield	9	5
Thorne	2	6
Stainforth	4	—
Total	15	11

The percentage of houses on main drainage is 86·3. The Council makes a grant of ten pounds toward the cost of conversion of pail and similar type closets to the water carriage system.

I am indebted to the Surveyor for the following information :—

The below mentioned work has been done during the year :—

Stainforth :

The construction of a 12 inch cast iron pumping main from the pumping station at Kirton Lane to the Dunston Hill Bridge outfall works for a length of 730 yards and the construction of new screening chambers at the Kirton Lane pumping station.

Tenders have been invited for the following scheme :—

Dunscroft :

Because of extensive subsidence over the whole area it has been necessary to relay those parts of the existing sewers in Bootham Lane Station Road and Crooksbrook Lane and from The Crescent, Dunscroft to the pumping station in Bootham Lane for an approximate length of 800 yards. It will be necessary to build a new reception chamber at a lower level at the pumping station.

The following schemes are in the various stages of consideration :—

Thorne :

A duplicate sewer from King Edward Road, Thorne to the pumping station Moorends for a length of 1,460 yards and the provision of additional pumps.

The provision of a sewer in Kirton Lane and Hatfield Road for a distance of 1,600 yards involving the crossing of the Sheffield and South Yorkshire Canal.

Broadway :

A storm water sewer from Doncaster Road to pumping station at the rear of The Crescent Dunscroft for a length of 200 yards and the construction of a pumping main discharging into the Parks Drain the approximate length being 2,170 yards.

FOOD AND DRUGS

MILK :

The following tests were carried out during the year :—

Sample	Test	Result	No.
Ungraded milk	Methylene blue reduction	Decolourised in $\frac{1}{2}$ hour	2
—	—	— 1 hour	3
—	—	— $1\frac{1}{2}$ hours	2
—	—	— $3\frac{1}{2}$ hours	1
—	—	— 4 hours	1
—	—	— $4\frac{1}{2}$ hours	1
—	—	Positive	4
—	Biological	Negative	5

The positive results were from group samples of a herd of which routine veterinary examination was made.

There is in Thorne a H.T.S.T. pasteurising plant with a laboratory and as other firms retail pasteurised and sterilised milk it is estimated that more than 95 per cent of the milk supplied in the district is bottled, approximately 90 per cent is heat treated and of the remainder much is tuberculin tested and accredited which in a rural district is very satisfactory.

The efforts of the producers and suppliers to provide a wholesome disease free food is a valuable contribution to the health of the community and is to be commended.

It is therefore to be regretted that the lack of refrigeration in the home often nullifies their efforts and such an aid to good health should be accepted as much an essential household fitting as is the cooking apparatus rather than as a doubtful luxury the use of which is often regarded as an unnecessary expense.

ICE CREAM :

The results of samples are as follows :—

Test	Grade	Quantity
Methylene blue reduction	1	3
—	2	—
—	3	4
—	4	6

Every effort including the installation of new plant has been made by the manufacturer of a large amount consumed in the district to supply a satisfactory product.

PUBLIC CLEANSING :

The service is being maintained satisfactorily by a self contained unit of a 750 gallon cesspool emptier adapted for the collection of night soil, six refuse collection vehicles each of 7 cubic yards capacity two of which can be similarly adapted, a utility vehicle, garage, workshop, stores and petrol pump.

Efficient maintenance and an adequate stock of spare parts has reduced the loss of working time to a minimum.

Refuse disposal is by controlled tipping and it is estimated that the life of the tips is sufficient to deal with the collection for some time to come.

ATMOSPHERIC POLLUTION :

The position is much the same as last year and the introduction of recording apparatus will show the state of affairs in Thorne in comparison with the rest of the county.

PADDLING POOLS :

The paddling pools in the Welfare Institute, Stainforth and the Memorial Park, Thorne were treated and tested daily during the summer.

COMMON LODGING HOUSES :

There are three in the district all of which are of the usual kind housed in old buildings.

MOVEABLE DWELLINGS :

Because of the housing shortage the number increases many of them having only a semblance of mobility and are controlled particularly with regard to siting and sanitary conditions.

FOOD INSPECTION :

Eleven cwts. of foodstuffs were condemned as unfit for human consumption.

SLAUGHTERHOUSES :

Slaughtering for the area is now done at Doncaster.

BAKEHOUSES :

There are eight registered and routine inspection has shown them to be in a satisfactory condition.

SHOPS ACT, 1934 :

Ninety seven shops were inspected during the year and found to be satisfactory.

FACTORIES ACT, 1937 :

There are 71 factories in the district and inspection has shown them to be satisfactory.

CANAL BOATS :

176 are registered and 23 were inspected.

RATS AND MICE (DESTRUCTION ACT), 1919 INFESTATION ORDER, 1943 :

Destructive measures taken include the gassing of the Duncroft Moorends and Thorne tips and the treatment of sewers. Small minor infestations in dwellings were dealt with and the public welcome the service.

